

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Mill Lane Manor Nursing Home
Centre ID:	OSV-0000066
Centre address:	Sallins Road, Naas, Kildare.
Telephone number:	045 874 700
Email address:	milllanemanor@brindleyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Brindley Manor Federation of Nursing Homes
Provider Nominee:	Amanda Torrens
Lead inspector:	Conor Brady
Support inspector(s):	Louise Renwick
Type of inspection	Unannounced
Number of residents on the date of inspection:	58
Number of vacancies on the date of inspection:	12

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 July 2014 08:20	15 July 2014 17:30
16 July 2014 09:00	16 July 2014 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was an unannounced inspection of Mill Lane Manor Nursing Home conducted by the Health Information and Quality Authority (the Authority). The purpose of this inspection was to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. This inspection took place over two days.

As part of the inspection the inspectors met with residents, families, the provider, the person in charge, training officer, the nursing staff, care staff, kitchen staff and household staff members. The inspectors reviewed documentation such as care

plans, assessments, audit logs, registers, meeting minutes, incidents and accidents, complaints, policies and procedures and staff files. The inspectors found evidence of both good practice and areas requiring improvements over this two day inspection. The inspectors were not satisfied with all aspects of fire safety system within the designated centre. As a result an immediate action was issued to the provider that specifically related to the centre risk assessment and management of residents who smoke.

Some of the main areas requiring improvement include:

- Governance and Management
- Information for Residents
- Documentation and Records
- Safeguarding and Safety
- Health, Safety and Risk Management
- Health and Social Care Needs
- Staffing

These will be discussed in further detail throughout the main body of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found a written statement of purpose was in place. This statement of purpose accurately described the service provided within the designated centre. The inspector found that the services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall while the inspectors saw some good practices in this area, inspectors were not fully satisfied with the governance and management arrangements in place within this designated centre.

The inspectors noted a number of changes in personnel, including the position of person in charge and persons participating in management within the designated centre since the last inspection. The current person in charge was only appointed to her position six

weeks prior to the inspection. Before this, the person in charge held the position of Assistant Director of Nursing (ADON). The inspectors noted there was not an ADON in place at the time of inspection. Over the course of this inspection a number of residents and families commented on the high turnover of staff within the designated centre to the inspectors.

The inspectors found that there was not a sufficient number of nursing staff employed within the designated centre at the time of inspection. The provider accepted this as an ongoing problem and highlighted great difficulties in the recruitment and retention of nursing staff. The inspector noted efforts on behalf of the provider to actively recruit more nursing staff and saw evidence of nurses moving from other centres (owned by the provider) to support Mill Lane Manor Nursing Home. The inspectors noted in the absence of a full complement of nursing staff the post of person in charge was not full time. The person in charge was undertaking shifts as the nurse on duty which was having a negative impact on the duties of the person in charge and associated management responsibilities. This is discussed in more detail under outcomes 5, 7, 9, 10, 11, 14, 16, and 18.

The inspectors found that due to the many changes in personnel and changing/combined roles within the designated centre, the management structure was not clearly defined. In addition, the inspector found evidence of a lack of appropriate management systems to ensure the services provided are safe, appropriate, consistent and effectively monitored. For example, reviewing practice and conducting robust and extensive auditing and review in areas such as care planning, fire safety and restraint.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector noted some good practice regarding the provision of information to residents. However, further improvements were required.

The inspector observed staff communicating with residents in a respectful and dignified manner at all times over the course of inspection. A statement of purpose was accessible at the front door and the inspectors observed the residents menu outside the dining area that was changed every morning. The inspector found that all residents

were not familiar with the residents guide with some residents stating they had never seen it before. The inspector did not observe residents guides freely available to residents, which is a requirement of the Regulations. On reviewing a number of resident's contracts for the provision of services the inspector noted not all contracts reviewed highlighted the fees charged to the resident. This is not in compliance with the Regulations

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall the inspector was satisfied that the newly appointed person in charge met regulatory requirements in terms of qualifications, experience and professional knowledge. However, the position of the person in charge was not full-time and therefore did not comply with the Regulations

The person in charge has the appropriate qualifications in nursing and is committed to undertake a management qualification within the appropriate time-frames. The inspector found the person in charge to have approximately 18 years experience in care of the elderly services in both the United Kingdom and Republic of Ireland. The person in charge held the role of ADON before taking the role of person in charge.

The person in charge demonstrated good professional knowledge and a satisfactory knowledge of the Regulations. The person in charge highlighted that the recruitment of five more staff nurses, improving training deficits and ensuring her management of auditing/review systems, were her main priorities currently. The inspector found that the person in charge was working as a nurse on the roster due to ongoing difficulties with nursing staff recruitment and retention. The inspector found that as a result the person in charge was not fully managing her own role on a full time basis. This does not comply with the requirements of Regulations.

Judgment:

Non Compliant - Moderate

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of

Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that while there was some evidence of good practice regarding the records and documentation to be kept at the designated centre, improvements were also required.

The inspectors found that staffing records as outlined in Schedule 2 met the requirements of the Regulations. The inspector reviewed appropriate policies and procedures as per Schedule 5 of the Regulations, however, the implementation of these policies required further development. For example, the inspectors found that the risk management policy and end of life policy were not fully implemented or adhered to in practice.

The inspector found that while there was some good practice observed regarding the maintenance of residents records improvements were required. For example, the inspector found some examples whereby recording around the use of restraint and medications were not maintained in a manner that ensured completeness, accuracy and ease of retrieval. The inspector also found evidence whereby residents care plan documentation was not fully updated. In addition to this, there appeared to be ambiguity and inconsistency in relation to staff knowledge of a dual system regarding records and documentation. For example, the use of paperwork and an electronic system. The inspectors found some staff had knowledge of systems while other staff did not.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the provider and person in charge were aware of their regulatory responsibilities to ensure appropriate arrangements were in place regarding any proposed absence of the person in charge. The provider and person were aware of their notification responsibilities to the Chief Inspector and the time-frames associated with the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors were not satisfied that the measures in place to protect residents from being harmed or suffering abuse were to an appropriate standard and that appropriate action and investigations were taking place following disclosures of suspected abuse. In addition, the inspectors found improvements were required regarding a positive approach to managing behaviours that challenge and the use of restraint.

The inspector spoke to a number of staff who presented as having a basic understanding of the different types of abuse and the process of reporting allegations of abuse. In addition to this, while a number of residents told inspectors that they felt safe in the designated centre, many residents highlighted that waiting periods regarding the call bell system were too long. The inspector observed evidence of this over the course of the inspection.

The inspector found a comprehensive policy (2014) on the prevention, detection and response to abuse however staff knowledge and training did not seem to correlate with the designated centres policy. The inspector was concerned regarding discrepancies found in the documentation. For example a training schedule given to inspectors stated that staff were trained in the area of prevention, detection and response to abuse was inaccurate. On interviewing staff inspectors found that this was not the case, even though training records given to the inspector clearly highlighted staffs attendance at

this training.

As stated earlier the inspectors were not satisfied that residents were protected by robust investigation and follow up procedures and practices. The inspectors reviewed incidents and accidents and noted a case whereby a resident was assaulted by another resident on a number of occasions. The inspectors were not satisfied that an appropriate investigation had taken place or that the necessary action was taken to respond to this resident's needs regarding this incident.

In addition inspectors were not satisfied that the practices regarding assessment of behaviours that challenge were appropriate for some residents. For example, assessment to fully explore underlying causes and triggers to behaviours before the use of restraint was considered and subsequently applied was not evident. In addition, the inspector found a number of issues pertaining to resident safety regarding the risk of fire (See Outcome 8: Health and Safety and Risk Management), the inspector issued an immediate action on the second day of inspection regarding the issue of fire safety.

Judgment:

Non Compliant - Major

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall the inspectors were not satisfied regarding health, safety and risk management. The inspectors were particularly concerned with safety arrangements in place regarding fire safety and risk management with residents who smoked.

The inspectors saw some good evidence of checking systems in place. For example:

- Daily checks of exits, doors and equipment.
- Quarterly checks and maintenance of safety equipment and emergency lighting.
- Checking system for beds, slings and hoisting equipment.
- Checking system for elevator.
- Checking system for the call-bell system.

The inspectors noted a reduction in slips, trips and fall as a result of increased monitoring in this particular area. However, the inspector was concerned that other areas of risk, such as, restraint and medication management was not being audited and reviewed appropriately. For example, the inspectors found evidence whereby auditing and review had not taken place since the last inspection and there were not sufficient

arrangements in place regarding hazard identification, recording and review.

The inspector reviewed the risk management policy and health and safety statement that were in place but found evidence that these were not guiding staff practice. For example, the designated centre was highlighted as a smoke free environment. However, there were residents who smoked at a number of locations throughout the designated centre, including one resident who smoked in his bedroom. The inspectors did not find appropriate and up to date risk assessments in place regarding such residents. For example, one resident who smoked did not have access to a fire apron and was unsupervised while smoking, despite his care plan stating both of these supports were in place. The inspector also observed this resident waiting a considerable amount of time for call-bell assistance despite his care plan requiring staff to monitor him regularly while he was smoking. The inspector issued an immediate action regarding this matter on the second day of inspection. The provider responded to this immediate action plan appropriately (See Action Plan) and within the required time-frames.

In addition, the inspectors found that there was a lack of suitable ash-trays with residents using plates instead. Also the inspectors found a lack of fire extinguishers located in areas whereby residents smoked. The inspectors found a number of fire doors kept open with bins throughout the course of inspection. The inspectors found evidence whereby there was a lack of learning from serious incidents. For example, the inspector reviewed an incident report whereby a resident's clothes were burned from a lamp and the action taken stated the lamp was removed from the resident's room. However when following this matter up the inspector noted that this was not the case and this lamp remained in the resident's room.

In addition to this, the inspectors were not satisfied with training arrangements in place regarding staff fire safety and use of fire equipment.

Judgment:

Non Compliant - Major

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

While the inspectors found some good practice in relation to medication management, further improvements required in this area. In addition there remained actions required from previous inspections that had not been addressed.

The inspectors found that medication administration practices were mostly in line with professional guidelines and the inspectors observed medication being administered in a safe and respectful manner. Medications that required strict control measures (MDAs) were carefully and securely managed. The inspector noted lockable medication trolleys which were used appropriately by nursing staff throughout medication rounds.

The inspectors noted conflicting policy and practice regarding the transcribing signature arrangements for medication management. For example, the inspectors found no nurses signatures on some records. This issue has featured on a number of previous inspection reports (See Outcome 11: Health and Social Care Needs). The inspectors found some medications stored in the dining room which was not appropriate. The inspectors found that the documentation and review systems in place regarding medication management also required further strengthening. For example, the auditing and review of risk areas such as transcribing, crushing medications and the use of 'as required' (PRN) medications.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors were not satisfied that all incidents were notified to the Chief Inspector. On reviewing the incidents and accidents log within the designated centre the inspectors noted an unexplained absence that was not notified to the Authority. This is not in compliance with the Regulations.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Overall, the health and social care needs of residents were met. However, improvement was required in the areas of reviewing and updating residents care planning documentation and also in the area of transport arrangements for social outings.

The inspectors found some good practice in the area of care planning and saw residents had good access to allied health professionals. For example, the inspectors noted access was facilitated to GP, speech and language therapy (SALT), occupational therapy (OT), Dietetic, Chiropody, dental, audiology and optical services were also available on referral.

Inspectors found there was management systems in place regarding clinical issues such as wound care and falls management. However, the inspector noted that documentation around wound care required improvement. For example, the log maintained regarding frequency of wound dressings changing was unclear. The inspectors found a recorded reduction in falls since the last inspection. Weights records were maintained and kept monthly or more frequently if required. The inspectors noted nutritional assessments were in place and were guiding practice regarding resident's dietary requirements. The maintenance of resident's medication documentation pertaining to transcription also needed improvements. For example, the inspectors found cases of transcription taking place and no nurse signatures occurring.

Residents had good opportunities for social activities and an activities coordinator was in place. Inspectors noted up to date activity plans for residents inclusive of activities like quizzes, reading, tactile tubs, board games and singing. The inspector observed activities occurring throughout inspection and the residents who chose to participate appeared to enjoy the activities. Some residents highlighted that only one staff could drive the centres bus, which had an impact on social outings. The inspector noted a residents committee was established and also external advocates attend the centre weekly to meet with residents.

Judgment:

Non Compliant - Minor

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents individual and collective needs. However, the inspectors noted unhygienic odours within the designated centre on the first day of inspection and this needs further improvement. This had been an issue on previous inspections.

The building was set out on substantive grounds and comprised of two floors. There was additional and ample space throughout the designated centre with specific areas for laundry, showers, toilets, kitchen and dining area, communal rooms, activities rooms and hair dressing salon. The inspector was satisfied that the bedroom accommodation met residents' needs for privacy, leisure and comfort. All rooms had full en suite facilities and the nine double rooms had appropriate screening for resident privacy. Residents who shared rooms informed the inspector they were happy with their rooms and levels of privacy. The inspectors observed some residents had decorated their rooms to their own tastes. The inspector found appropriate toilets throughout the premises and there was a sluice room on both floors. The inspectors noted an open reception area where adequate communal space was provided. The day and dining rooms were clean and brightly decorated. In addition there was a fully equipped kitchen that contained appropriate catering appliances and substantive equipment and storage space. The corridors were wide and would allow residents to easily move about when using assistive equipment such as walking frames and wheelchairs. There were external areas for residents to sit outside and enclosed gardens where residents could relax.

From a hygiene perspective, while the designated centre was largely clean, there were strong unhygienic odours throughout the majority of the centre first day of inspection. The inspectors noted that large volumes of dirty linen/laundry were left on corridors throughout the designated centre. This was discussed with the person in charge and provider at preliminary feedback.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that the provider and person in charge had a system in place to deal with complaints.

The inspector reviewed the complaints policy and found it described how to make a complaint, who to make the complaint to and the procedure that occurs following receipt of a complaint. The complaints policy met the requirements of the Regulations and was on display in the designated centre. The person in charge told the inspectors that all complaints received were investigated and the outcome would be discussed with the resident and their family (where appropriate). The inspectors noted the complaints log was maintained and inspectors were informed all recent complaints had been dealt with and closed off.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that there was an end of life policy in place within the designated centre. However, further improvements were required regarding staff knowledge and implementation of end of life care planning with residents and families.

The inspectors reviewed a number of residents end of life care plans including those of recently deceased residents. The inspectors found some evidence of good communication with residents and families and staff spoken to highlighted the importance of sensitivity to residents needs. The inspectors saw residents had access to palliative care services and religious requests were facilitated. The inspectors also noted appropriate arrangements for the removal of remains in consultation with families.

The inspectors found some residents end of life care planning to be minimalist with little to no evidence of consultative based planning with residents or documentation of residents wishes and preferences regarding end of life care. In addition to this, the inspector noted instances whereby palliative care were involved with residents and care plans were not updated to reflect this. While staff spoken to highlighted the importance of sensitivity when residents are at end of life, staff knowledge of the end of life policy

was limited.

Judgment:

Non Compliant - Moderate

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that the kitchen was large and well equipped with appropriate catering equipment. Adequate storage space was provided throughout the kitchen.

There was a dining room that had adequate space and was well decorated. The staff told the inspector that residents could choose where to have their meals either in the dining rooms or in their own bedroom. A menu system was in place and the chef told the inspector that residents' individual requests were welcomed and inspectors saw evidence of alternative dishes provided. The chef discussed how he maintains documentation to ensure full awareness of residents dietary needs and demonstrated a strong understanding of modified diets and food and drink consistencies. The chef highlighted the importance of choice and demonstrated a good awareness of both food and nutrition but also of the importance of the residents dining experience. The inspectors noted good checking systems in place regarding food and nutrition and it was clear to the inspector that the chef knew the residents preferences and needs very well.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors were satisfied that residents rights, dignity and consultation needs were largely met, however, some areas for improvement were highlighted.

The inspector noted residents had the opportunity to participate in/avail of:

- Activities
- Independent advocacy
- Residents forum
- Open policy regarding visitors

The inspectors saw that some residents were very involved in all of the above and enjoyed many aspects of participating in life within the designated centre. Other residents chose not to participate in forums or activities and the inspector noted these residents wishes were respected. The inspector did note that some residents who displayed lower levels of ability were not as facilitated to partake in the above. For example, out of 70 residents only seven appeared to participate in residents meetings or forums. The inspector discussed this with a number of residents who stated they did not know about these forums. The inspector noted efforts on the part of the activities coordinator to address this, however, a more holistic approach to the promotion of residents rights, dignity and consultation is a matter for the wider staff group. A number of families highlighted to the inspector that they would welcome more consultation regarding their family members.

Judgment:

Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that residents were provided with adequate space for personal possessions. Residents' clothes were regularly laundered and the inspector noted appropriate facilities and staffing of same. A name tag system was in place to ensure residents clothing was easily identifiable. Residents told the inspector they were satisfied with the arrangements in place regarding their clothing and personal

possessions. The inspector noted a number of residents' rooms that were individually decorated and residents had many personal possessions and adequate space for same.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspectors saw some good evidence of staff members meeting the assessed needs of residents, however there were further improvements required in the areas of staff numbers and staff training.

The inspectors were not satisfied that there was sufficient nursing staff available and on duty. This was evidence by the person in charge undertaking nursing shifts as discussed under outcomes 2 and 4. In addition the inspectors noted over the two days of inspection that some residents requiring call-bell support waited for lengthy periods for a response by staff. Many residents highlighted this as a concern to the inspectors and were not satisfied with call-bell response in the centre, this was also noted first hand by inspectors who waited with a resident who was pressing a call-bell. The inspectors noted that staffing levels varied from 11 staff during the day to 4 staff after midnight. Given the designated centre has capacity for 70 residents over a large two story building, a staffing level review was required. The provider and person in charge stated this staffing review is ongoing. The inspector was concerned that a staff training schedule that highlighted various staff were trained in mandatory areas such as fire safety and protecting vulnerable adults was not accurate. The inspector found on interviewing staff and examining attendance sheets from training that all staff had not undergone training. The provider committed to conducting an immediate review of all staff training when hearing this information at preliminary feedback.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Mill Lane Manor Nursing Home
Centre ID:	OSV-0000066
Date of inspection:	15/07/2014
Date of response:	10/09/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were insufficient staffing resources in place to ensure the effective delivery of care in accordance with the statement of purpose.

Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:

The Statement of Purpose & Function is being reviewed.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Proposed Timescale: 10/09/2014

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was not a clear line of authority in place regarding the local management structure.

Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:

The management structure in place is now clearly defined for all areas of service provision

Proposed Timescale: 31/08/2014

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Management systems were not adequate to ensure that services were safe, appropriate, consistent and effectively monitored.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

Management systems in place at the time of inspection were impacted upon due to the unforeseen strain on the roster. This has been rectified by the clear definition of the management structure for all areas of the service.

Proposed Timescale: 31/08/2014

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents' guides were not available to residents.

Action Required:

Under Regulation 20(1) you are required to: Prepare and make available to residents a guide in respect of the designated centre.

Please state the actions you have taken or are planning to take:

As part of our Admission Procedure, we have always provided a Resident Guide to all residents on admission. Following inspection, these have now been made available at the reception area in the foyer.

Proposed Timescale: 31/08/2014

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Contracts for the provision of services did not include details of fees charged to the residents.

Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

Please state the actions you have taken or are planning to take:

Contracts for the provision of services have all been audited and those not meeting the requirements have been amended to include details of fees charged to residents

Proposed Timescale: 31/08/2014

Outcome 04: Suitable Person in Charge

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The person in charge was not fulfilling the role on a full time basis.

Action Required:

Under Regulation 14(1) you are required to: Put in place a person in charge of the designated centre.

Please state the actions you have taken or are planning to take:

The full time role of the person in charge was impacted upon due to the unforeseen strain on the roster. As discussed at inspection, we were recruiting, and we continue to engage in the recruitment process, to ensure competent and skilled nursing staff are employed to meet our resident needs.

Recruitment is on-going in order to strengthen the nursing and management team.

Proposed Timescale: 31/10/2014

Outcome 05: Documentation to be kept at a designated centre**Theme:**

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All Schedule 5 policies were not implemented or adhered to in practice.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:

Education in implementation of and adherence to existing robust policies is being rolled out to all staff, to be completed by October 2014.

Proposed Timescale: 31/10/2014

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All records were not maintained or up to date in accordance with Schedule 3 of the Regulations.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:

Every effort is made at all times to maintain records in accordance with Schedule 3 of the regulations. Care plans are updated at least 3 monthly and resident/family meetings are ongoing to inform these plans. Care Teams have been reminded to maintain records in order to ensure completeness, accuracy and ease of retrieval.

Proposed Timescale: 31/10/2014

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was not appropriate response to and management of residents who display behaviours that challenge.

Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:

Restrictive measures are not routinely used in our centre.
Residents who display behaviours that challenge are comprehensively assessed for underlying cause and triggers.

Proposed Timescale: 31/08/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All staff had not received training in the detection, prevention and response to abuse. Training records given to the Authority were inaccurate.

Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:

Inaccuracies in training records were found to have been caused by clerical error, where the list of prospective attendees rather than the list from the sign in sheet, was input in error, causing the names of 3 employees who had not attended training to have been included.

Additional training took place following inspection to ensure that these employees had completed their training in protection, detection, prevention and response to abuse.

Proposed Timescale: 31/07/2014

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All incidents, allegations or disclosures pertaining to abuse were not appropriately investigated.

Action Required:

Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

Please state the actions you have taken or are planning to take:

The incident between residents referred to in the report, occurred under the management of the previous PIC and was not known to the current PIC. The provider had not been made aware of the incident, as was explained at inspection. The provider and current PIC, are aware of their obligations under the regulations.

Proposed Timescale: 15/07/2014

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were not adequate arrangements for the identification, recording, investigation and learning from serious incidents.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:

The incident referred to, occurred under the management of the previous PIC and was not known to the current PIC. The provider had not been made aware of the incident. The provider and current PIC, are aware of their obligations under the regulations.

Proposed Timescale: 15/07/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

There was not an appropriate review of operational fire precautions within the designated centre.

Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:

In addition to the systems listed on page 10 of the report, weekly fire drill with response time and any remedial action required being recorded, takes place.

Annual fire warden training is provided for all staff, new staff receive fire awareness training at induction and then trained as fire wardens.

A 'fire awareness competency test' is in use within the centre, this was issued to all members of staff in order to satisfy management that staff fully understand their responsibilities in the event of a fire.

Fire warden training was completed for all staff again on the 24/07/2014 & 25/07/2014

Proposed Timescale: 25/07/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were not adequate safety precautions regarding residents who have been assessed to smoke in the designated centre.

Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

Please state the actions you have taken or are planning to take:

Providers response to Immediate Action

Risk assessments are in place for all residents who smoke within the centre, all smoke within the designated areas, with the exception of one person, who commenced smoking in his own room on 15/07/2014, at the request of the resident and his wife.

A comprehensive risk assessment and care plan review was provided to the inspector on 16/07/2014, outlining the management of risk for this resident.

His risk management plan includes all precautions pertaining to Safety Alert 001/2012 – Risk Management of Smoking in Designated Centres.

- The risk for this resident who smokes in his own room, has been assessed and control measures put in place related to the specific risks. This assessment is scheduled for review in 2 weeks.
- The resident is being facilitated to smoke by a staff or family member and is being monitored closely while smoking. A smoking log record is to be completed by the facilitator on each occasion.
- The call bell is within reach of the resident at all times.
- The resident is being draped in a fire blanket, to protect his personal clothing, by the person facilitating him to smoke and this is being removed when the smoking period has finished. A fire extinguisher is in place in the resident's room.
- A non combustible ashtray is provided to dispose of ash and butts safely.
- All furnishing and linen within the centre are fire retardant.
- Annual fire warden training is provided for all staff, new staff receive fire awareness training at induction, see next action for additional measures now being taken.
- Every accident, incident or near miss is acted upon, recorded in the centre's accident/incident register, reviewed by the person in charge and notified as appropriate
- The centre's smoking policy sets out the measures in place to control smoking-related risks to residents' safety. Measures to ensure the policy is reflected in practice are included in the response to the next action.

Proposed Timescale: 16/07/2014

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All staff had not received suitable training in fire prevention and did not fully understand their responsibilities regarding the supervision/monitoring of residents who smokes within the designated centre.

Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:

Annual fire warden training is provided for all staff, new staff receive fire awareness training at induction and then trained as fire wardens, a fire awareness test is in place to satisfy management that staff understand their obligations and are competent in the area of fire prevention and know what to do in the event of a fire.

Additional measures have been introduced from 16/07/2014 to further satisfy management that staff know what to do and conduct practice according to policy.

On 16/07/2014, all staff members on duty were met with by the provider and the

person in charge, the risk assessment and care plan review for the resident in question was discussed with them and all were provided with a copy of the risk assessment and care plan and required to sign a 'read & understood' document when they had done so. Staff were advised not to sign the document until they were sure that they fully understood their responsibilities as defined by the risk assessment and care plan and were advised to ask for further information or guidance from the person in charge if there was anything not understood.

From 16/07/2014, as staff come on duty and at each handover, each person will be given the same information and direction until all staff have signed the 'read & understood' document.

A 'fire awareness competency test' is in use within the centre, this will now be issued to all members of staff in order to satisfy management that staff fully understand their responsibilities in the event of a fire.

In addition a specific competency test relating to the protection of this resident has been designed. From today, this will be issued to all staff, to satisfy management that they have indeed read and do understand the risk management plan pertaining to the resident in question.

Fire warden training is scheduled for all staff again on the 24/07/2014 & 25/07/2014

Proposed Timescale: 25/07/2014

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All medicinal products were not stored in a safe and secure manner.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

Please state the actions you have taken or are planning to take:

It is not our practice to store medication in the dining room and we are unaware of what was stored there on the day of inspection.

Proposed Timescale: 15/07/2014

Outcome 10: Notification of Incidents

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All required notifiable events were not notified to the Chief Inspector.

Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:

The incident referred to, occurred under the management of the previous PIC and was not known to the current PIC. The provider had not been made aware of the incident. The provider and current PIC, are aware of their obligations under the regulations.

Proposed Timescale: 15/07/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All care planning, clinical management and medication documentation was not in line with best nursing practice guidelines.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:

Care plans are updated at least 3 monthly and resident/family meetings are ongoing to inform these plans

All nurses provide appropriate medical and health care for each resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais

Proposed Timescale: 31/10/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All parts of the designated centre were not clean and hygienic.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

The odour noted by inspectors on the first morning of inspection, was reportedly caused by laundry and waste bins on corridors while staff tended to resident personal care. The frequency which laundry and waste bins are removed in the mornings was reviewed the day following inspection and this action has resolved the matter.

Proposed Timescale: 17/07/2014

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All residents' physical, emotional, social, psychological and spiritual needs were not met in relation to end of life care planning.

Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:

Care plans are updated at least 3 monthly and resident/family meetings are ongoing to inform these plans.

End of Life care planning for those residents whose condition is not terminal is being addressed at these meetings to inform the plan.

For residents whose condition is terminal, the conversations which inform the care plan have taken place and have been recorded. Intervention by GP, MDT and palliative care team form part of the written care plan.

Proposed Timescale: 31/10/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

All residents did not have opportunities for consultation and participation in the organisation of the designated centre.

Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

Please state the actions you have taken or are planning to take:

We at all times have welcomed resident and family participation in the organisation of our centre. We have duly respected resident wishes not to participate, hence exercising their choice, as noted by the inspectors.

We continue to encourage participation, while being mindful of individual preferences and respecting same.

Proposed Timescale: 17/07/2014

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All staff were not aware of responsibilities to promote residents rights on an ongoing basis.

Action Required:

Under Regulation 09(4) you are required to: Make staff aware of the matters referred to in Regulation 9(1) as respects each resident in a designated centre.

Please state the actions you have taken or are planning to take:

All staff have been reminded of their responsibility to promote resident rights so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

Proposed Timescale: 31/08/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The number of staff on duty was not meeting the assessed needs of all residents.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

As discussed during the inspection, we were recruiting, and we continue to engage in the recruitment process, to ensure competent and skilled staff are being recruited to meet the assessed needs of all residents in Mill Lane Manor.

Recruitment is on-going in order to enhance the staff team.

Proposed Timescale: 31/10/2014

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All staff had not undergone appropriate training.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

Inaccuracies in training records were found to have been caused by clerical error, where the list of prospective attendees rather than the list from the sign in sheet, was input in error, causing the names of 3 employees who had not attended training to have been included.

Additional training took place following inspection to ensure that these employees had completed their training in protection, detection, prevention and response to abuse

Fire warden training was completed for all staff again on the 24/07/2014 & 25/07/2014

Proposed Timescale: 25/07/2014

